

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. **169**

Co. Registrar No. **312**

Local Registrar's No. _____

PLACE OF BIRTH

County of **Maricopa**

District of _____

Town of **Miami**

or _____

City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD **Patricia Geraldine Othello** Born ☒ YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive ☒ ☐ NO

Sex of Child **M** Twin, Triplet or other **1** and Number in order of birth **5** Legitimate? ☒ Date of Birth **May 21 '21**
 (Month) (Day) (Yr.)

FATHER Full Name **Ernest Stiles** Residence **Miami** Color or Race **White** Age at last Birthday **39**
 (Years) Birthplace **Nova Scotia** Occupation **Carpenter**

MOTHER Full Maiden Name **Bessie Reed** Residence **Miami** Color or Race **White** Age at last Birthday **42**
 (Years) Birthplace **Nevada** Occupation **S**

Number of Child of this mother **5** Number of children of this mother now living **5** Were precautions taken against Ophthalmia neonatorum? ☒ Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on **May 21 1921**, at **M.**

(Signature) **Charles E. Dine M.D.** (Attending physician, midwife, householder.)*

*When there is no attending physician or midwife, then the householder should make this return.

Given or Christian name added from a Supplemental report _____ 1921 Filed **May 25 1921** Address **B. M. Hardy M.D.**
LOCAL REGISTRAR.

722-521-294 A True Copy Filed **June 1 1921** **B. G. Gray**
COUNTY REGISTRAR. **COUNTY REGISTRAR.**